

FILED MAY 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16178

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. LENGTH OF STAY (in this place) <u>8 1/2 hrs</u>		c. CITY OR TOWN <u>Hayti</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Pemiscot County Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rt #1 Box 617</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u>		b. (Middle) <u>May</u>		c. (Last) <u>Klyce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec 31, 1937</u>	
9. AGE (in years last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolgirl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alamo, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.G. Klyce</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Warren</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Strickland</u> ADDRESS <u>Hayti, Mo Box 617</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Concussion Brain</u> DUE TO (c) <u>Shock</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Deep Burns</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>6 hrs.</u> <u>6 hrs.</u> <u>6 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Hayti, Pemiscot, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-14-55 4:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from <u>5-14-</u> , 19 <u>55</u> , to <u>5-14-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-14-</u> , 19 <u>55</u> , and that death occurred at <u>5:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P.J. Givins, M.D.</u> (Degree or title)				23b. ADDRESS <u>Catharsville, Mo</u>		23c. DATE SIGNED <u>5-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pond Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alamo, Tennessee</u>	
DATE REC'D BY LOCAL REG. <u>5-17-55</u>		REGISTRAR'S SIGNATURE <u>John H. German</u> 406-0		SPRINGFIELD DIRECTOR'S SIGNATURE <u>John H. German</u>		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-159-25

MAY 23 1955

PEABODY COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John H. German

Licensed Embalmer No. *H. 3.3*

P. O. Address *Hayti, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.